U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For Official Use Only | READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. | AUG 1 1 2005 |
|-----------------------|---------------------------------------------------------------|--------------|
| E | | DROP |

| 1. File Number U - 5949 | 2. Fiscal Year Covered From: | | | |
|----------------------------------------------------------------|----------------------------------------------------------|--|--|--|
| UNKNOWN | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | |
| Name Andrew J Snope | Name International Brotherhood of Electrical Worker | | | |
| | Labor Organization File Number 027-529 | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any 292 | | | |
| Street 1320 Unity Ave N | Street 312 Central Ave | | | |
| City Golden Valley | City Minneapolis | | | |
| State Minnesota ZIP Code + 4 55422 | State Minnesota ZIP Code + 4 55414 | | | |
| 5. Position in labor organization. Executive Board Chairman | | | | |

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|-----|--|
| 6. Name and address of Employer (including trade name, if any). | | 7.a. Nature of Interest, Transaction, or Income. | | |
| Name None | | None | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| | | 7.b. Amount. | | |
| Street | | | | |
| City | | | \$0 | |
| State | ZIP Code + 4 | | | |

Signature

| submitted in this r | d verification. The eport (including the | undersigned declares, unde information contained in any | r penalty of Perjury a | nd other applicable p | enalties of the law, that all of the information mined by the signatory and is, to the best of | 1 Etho |
|---------------------|------------------------------------------|------------------------------------------------------------|------------------------|-------------------------|---------------------------------------------------------------------------------------------------|--------------|
| undersigned's kno | owledge and belief, | true, correct, and complete. | (See the section on | penalties in the instru | ctions.) | uie |
| \wedge | .11 | | | | , | |
| Signed | Mel V | Juje | On | 08/03/2005 | 612-617-4238 | |
| • | | | | Date | Telephone Number | ************ |

| Name of Person Filing Andrew Snope | | File Number U- | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------|-----|
| B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent, or directly to, or otherwise | s | |
| 8. Name and address of Business (including trade name, if any). Name None | 9. Business deals with: a. Labor Organiza | ation | |
| Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | b. Trust c. Employer | | |
| City | | | |
| State ZIP Code + 4 | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name | 11.a. Nature of such deali None | ng. | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | 11.b. Approximate dollar value of such dealing. | | |
| City | 12.a. Nature of interest held or income received. | | |
| State ZIP Code + 4 | | | |
| | | | |
| | 12.b. Amount. | | \$0 |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | |
| Name None | 10210 | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | \$0 |